

U.S. District Court  
For the Southern District of Texas  
Houston Division  
Civil Case No. 4:17-CV-226

Sandra Hale, Plaintiff

vs.

The United States, Christopher R. Sandles,  
Michael Debakey Medical Center,  
Christopher R. Sandles,  
Robert Mc Donald;  
Paul Wenzslawsh, P.A.,  
Dr. John Ma, M.D. Defendants.

United States District Court  
Southern District of Texas  
**FILED**

JAN 19 2017

**David J. Bradley, Clerk of Court**

**ORIGINAL COMPLAINT**

1. Based upon information and belief and reliance upon Veteran Administration ("VA") medical records, on or about August 9, 2014, Ms. Sandra Hale, a 61 year-old disabled veteran, was at Michael DeBakey Medical Center (MDMC) aka ("VA Hospital") to receive routine x-rays and CT Scans of her upper body. An unknown male, who identified himself only as an x-ray student, working under the direction and control of the Veterans Administration, walked up to her and, without warning and without giving Ms. Hale a chance to refuse, put heavy sandbags into both hands at the same time. The sandbags caused Ms. Hale's arms and shoulders to jerk violently towards the floor, producing immediate sharp pain in both shoulders and arms, more in her weaker left shoulder and arm than her right shoulder and arm. As of the date of this injury, Ms. Hale had no prior injuries to her shoulders or arms.
2. Ms. Hale screamed in agony and begged the student to remove the heavy sandbags because they had caused sharp pain. The student was dismissive of Ms. Hale's complaints and did not immediately respond to remove the sandbags; instead the student remained behind the shielding in the x-ray room and had a brief discussion with an unknown female believed to be his Instructor. Ms. Hale could hear the student explain to the Instructor that the purpose of the sandbags was to "level out" her shoulders for the x-ray and that she needed to continue to hold them. The unknown Instructor then explained that it was not critical to the x-ray and that it was authorized to remove the sandbags since Ms. Hale was elderly and could not sustain the heavy weight and was obviously in pain.

3. Over the next few days, Ms. Hale continued to experience sharp pain radiating from her shoulders and arms and to her jaw bone, neck and down her entire spine, as well as a limited range of motion in her left shoulder and arm. She also noticed that her shoulder frame was now tilted, with her left shoulder appearing to be noticeably higher than her right shoulder and could be easily seen in a mirror and should have been obvious to anyone observing for symmetry.
4. Ms. Hale, a former nurse, suspected a soft tissue, tendon or muscle type of injury and returned to DeBakey Medical Center and the VA Tomball Clinic on several occasions to seek diagnosis and treatment. During this time, she was treated by various VA medical personnel, including Dr. John Ma and Paul Wenzlawsh PA. who both failed to diagnosis any injury.
5. Dr. John Ma was the first to examine Ms. Hale's shoulders and arms on or around September 15, 2014. Ms. Hale told him about the traumatic injury with the sandbags (referred to in Section 1 above) and told him that she was still in extreme pain and experiencing severely limited mobility of the left shoulder. Without first doing any imaging to see if bones were broken or tendons, muscles or ligaments had been torn or damaged, Dr. Ma told Ms. Hale to "just relax" and "let him move it." Dr. Ma then suddenly jerked Ms. Hale's arm above her head. Ms. Hale felt a sharp pain and tearing in her shoulder. **See, Exhibit F.** Ms. Hale was in so much pain that tears started rolling down her cheeks and she could not scream, she was paralyzed. This event was witnessed by a VA nurse manager, Marianne Reese, and Ms. Hale's daughter, Teresa Waters.
6. Dr. Ma and Mr. Wenzlash were repeatedly dismissive of Ms. Hale's concerns and did not perform a full diagnostic examination. They ignored Ms. Hale's request for an ultrasound (which would have detected the torn rotator cuffs and torn bicep muscles that resulted from this initial injury) and instead ordered only x-rays. They ignored Ms. Hale's complaints of severe pain to both shoulders, arms, neck and spinal column and neglected to test for torn rotator cuffs, which are the most common type of shoulder injury. They also failed to test for neck and spinal column damage, all of which were involved in the original injury.
7. Upon information and belief, x-rays only show bones. They do not show tendons, ligaments and muscles. As medical professionals, Dr. Ma and Dr. Wenzlawsh knew or should have known that the most likely cause of Ms. Hale's symptoms was torn rotator cuffs and that an x-ray would not show this kind of injury. By failing to order the proper medical tests to check for these conditions in a timely manner, Ms. Hale's doctors failed to properly diagnose Ms. Hale's injuries, resulting in prolonged pain, delayed treatment, further injury and harm.

8. After several months of continued pain, numerous requests for different diagnostic testing and finally a different VA provider from Dr. Ma to Dr. Dwivedi, and after confirmation from outside medical sources of a “frozen shoulder” with possible rotator cuff tears, an ultrasound was ordered for Ms. Hale’s left shoulder. As Ms. Hale suspected, the February 2015 ultrasound report stated that Ms. Hale sustained three full thickness tears in her left rotator cuff. Two moderate full thickness tears with swelling was located in the anterior and mid part of the supraspinatus tendon, which was retracted medially and a small but full thickness tear with swelling was located in the subscapularis tendon. Fluid was noted to be in the subdeltoid bursa. See, Exhibit A.
9. No further testing was done by the VA to determine if there was also soft tissue, muscle, or tendon injury to her right shoulder, although both shoulders and arms were involved in the original injury. No testing was done for neck and spinal column injury resulting from Ms. Hale’s torn rotator cuff although Ms. Hale continued to complain about pain radiating into those areas immediately after her left torn rotator cuff was diagnosed. At this time, the VA doctors offered only an MRI. However, Ms. Hale is claustrophobic and told them she would have to be medicated first, but the VA doctors were unwilling to do that, therefore Dr. Ma requested a surgical consult.
10. Ms. Hale was scheduled for a follow-up visit at the Tomball Outpatient Clinic on March 4, 2015 for the requested *orthopedic surgical consult*. During this visit, and despite the clear ultrasound results showing a torn rotator cuff, Mr. Wenzlawsh PA negligently relied upon outdated images from September 2014 and wrongly diagnosed Ms. Hale with a muscle spasm connected to her Fibromyalgia even though the reason for the surgical consult was based upon the more recent February 2015 ultrasound results that clearly showed three full thickness tears in Ms. Hale’s left shoulder rotator cuff. \
11. Mr. Wenzlawsh PA failed to consult Ms. Hale’s medical records located in the computer in front of him for the recent ultrasound of Ms. Hale’s left shoulder and even though Ms. Hale and her daughter explained to him that an ultrasound of Ms. Hale’s left shoulder existed that he was not consulting it for his diagnosis, Mr. Wenzlawsh insisted upon using outdated x-ray films for his misdiagnosis and verbally reprimanded Ms. Hale and her daughter for challenging his medical knowledge and diagnosis. Mr. Wenzlawsh failed to recognize the obvious signs and symptoms of a torn rotator cuff injury during his physical examination of Ms. Hale. Mr. Wenzlawsh misdiagnosed Ms. Hale’s torn rotator cuff for a simple muscle spasm as witnessed on Ms. Hale’s surgical consult from Mr. Wenzlawsh.

12. Mr. Wenzlawash failed to properly diagnosis and failed to recommend the appropriate medical treatment for a torn rotator cuff. See, Exhibit B.
13. Due to the VA's delay in diagnosing and treating her shoulder injury, Ms. Hale was forced to seek non-VA medical treatment for a proper diagnosis. As a result, Ms. Hale incurred approximately \$4,000 of medical bills, which have been submitted, but not been paid by the VA.
14. On May 7, 2015, Ms. Hale sought evaluation and treatment with a non-VA surgeon, Dr. Eileen Wu, who also diagnosed Ms. Hale with a "frozen" shoulder due to the untreated injury and recommended corrective surgery to repair it. Dr. Wu stated that it was beyond her capabilities as an orthopedic surgeon to treat such extensive injuries and recommended that only a shoulder specialist treat Ms. Hale and gave the name of two shoulder surgeons in Houston, TX. Ms. Hale repeatedly sought a VA referral to these two shoulder specialists for the surgery, but the VA Choice Program repeatedly sent Ms. Hale to consult physicians who did not treat torn rotator cuffs or do surgery on them. Ms. Hale was sent to physical therapy which did not repair her torn rotator cuffs or torn bicep muscles and only caused Ms. Hale further pain and suffering. Ms. Hale endured all the treatments the VA offered but was not healed of her frozen left shoulder, bilateral torn rotator cuffs and torn bicep muscles. When a shoulder surgeon was finally found, he refused to perform shoulder surgery stating that the extensive neck and spinal involvement required a neurosurgeon. The VA was unresponsive and failed to find Ms. Hale a neuro surgeon. See, Exhibit C.
15. Ms. Hale has experienced and continues to experience pain and suffering and emotional distress since August 8, 2014. Due to the left shoulder injury, she now suffers from severe pain from neck, back and shoulder muscle strain, weakness and nerve damage. Recent x-rays show Ms. Hale has abnormal curvature of her thoracic and lumbar spinal columns that were not on prior imaging but have manifested since the shoulder injuries due to failure of the VA to surgically repair Ms. Hale's injuries. See, Exhibit D.
16. In a belated response to Ms. Hale's demands for an ultrasound of **both shoulders** and left elbow, an ultrasound was done by Dr. Mohammad Athar, VA Radiologist, who told her that her that his ultrasound has revealed that her left shoulder tendon injuries had calcified. In his professional opinion, the shoulder was unlikely to benefit from further physical therapy and the condition was likely irreversible. Dr. Athar also reported that Ms. Hale's right shoulder also has a torn rotator cuff injury and the bicep muscle of her left elbow had been injured and is also now calcified. See, the ultrasound results provided in Exhibit E.

17. In view of the foregoing facts and accompanying documentation, Ms. Hale has established the following regarding the unidentified x-ray student:
  - a. The unidentified x-ray student and x-ray instructor are employees of the Veterans Administration because they were under the direction, control, and supervision of the Veterans Administration at the time Ms. Hale was injured by his use of the VA hospital and its VA x-ray equipment and VA sandbags or in the alternative if the above are state employees, they were using state equipment or shared equipment;
  - b. The unidentified x-ray student and instructor were negligent, grossly negligent and reckless as they knew or should have known that placing heavy sandbags in an elderly person's hands was likely to cause significant injury.
  - c. The unidentified x-ray student and x-ray instructor injured Ms. Hale, causing numerous torn rotator cuff injuries, a bicep muscle injury, and abnormal curvatures of her thoracic and lumbar spinal columns, neck and jaw pain and other injuries.
  - d. Unidentified x-ray student and x-ray instructor's negligence, gross negligence and recklessness caused Ms. Hale physical injuries, pain, suffering, and emotional distress.
  
18. In view of the foregoing facts and accompanying documentation, Ms. Hale has established the following regarding Dr. John Ma:
  - a. Dr. Ma was an employee of the Veterans Administration acting within the course and scope of his employment at all relevant times and was otherwise under the direction, control, and supervision of the Veterans Administration or in the alternative was a state employee under the supervision of the Universities of Baylor and Universities of Texas.
  - b. Dr. Ma was under the direction, control and supervision of the Veterans Administration or in the alternative state universities at all relevant times.
  - c. Dr. Ma negligently failed to properly diagnose Ms. Hale's injuries.
  - d. Dr. Ma negligently and recklessly failed to conduct appropriate medical testing.
  - e. Dr. Ma negligently failed to recommend appropriate medical treatment.
  - f. Dr. Ma's actions constitute *medical malpractice* and fall below the acceptable standards for the medical practice in the State of Texas.
  - g. Dr. Ma aggravated Ms. Hale's original injuries and resulted in additional injuries.
  - h. Dr. Ma caused Ms. Hale's pain and suffering, and emotional distress.



19. In view of the foregoing facts and accompanying documentation, Ms. Hale has established the following regarding Paul Wenzlawsh PA:
  - a. Mr. Wenzlawsh was an employee of the Veterans Administration acting within the course and scope of his employment at all relevant times and was otherwise under the direction, control, and supervision of the Veterans Administration or in the alternative was in the supervision of VA employees under the direct control and supervision of the Veteran's Administration.
  - b. Mr. Wenzlawsh was under the direction, control and supervision of the Veterans Administration at all relevant times or in the alternative was in the supervision of VA employees under the direct control and supervision of the Veteran's Administration.
  - c. Mr. Wenzlawsh negligently and recklessly failed to properly diagnose Ms. Hale's injuries.
  - d. Mr. Wenzlawsh negligently and recklessly failed to conduct appropriate medical testing and/or consult recent medical testing.
  - e. Mr. Wenzlawsh negligently and recklessly failed to recommend appropriate medical treatment.
  - f. Mr. Wenzlawsh was reckless and grossly negligent in failing to recommend appropriate medical treatment after the February 2015 ultrasound showed a torn left rotator cuff.
  - g. Mr. Wenzlawsh's actions constitute medical malpractice and fall below the acceptable standards for the medical practice in the State of Texas.
  - h. Mr. Wenzlawsh aggravated Ms. Hale's original injuries and resulted in additional injuries.
  - i. Mr. Wenzlawsh caused Ms. Hale's pain and suffering, and emotional distress.
20. In view of the foregoing facts and accompanying documentation, Ms. Hale has established the following regarding the Veteran's Administration, Michael Debakey Medical Center, Michael Debakey Medical Center Director, VA Secretary and the United States government:
  - a. Ms. Hale was negligently injured by the unidentified x-ray student, the unidentified female X-ray Instructor, Dr. Ma, and Mr. Wenzlawsh, who are federal government employees acting within the scope of their official duties at the time of her injuries.
  - b. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government: supervised, controlled, and directed the conduct of the unidentified x-ray student and unidentified female x-ray instructor, Dr. Ma, and Mr. Wenzlawsh and provided them with VA equipment for their use.

- c. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government negligently failed to properly train the unidentified x-ray student and x-ray instructor, regarding the use of VA sandbags on the elderly and/or infirmed patients.
  - d. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government negligently allowed access to and the use of heavy sandbags on elderly and/or infirmed patients.
  - e. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government negligently hired and/or trained and/or allowed to remain on the premises doctors and physicians assistants that did not have sufficient knowledge, training and experience.
  - f. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government negligently failed to properly train Dr. Ma.
  - g. The Veterans Administration negligently failed to properly train Paul Wenzlawsh PA.
  - h. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government negligently supervised Dr. Ma.
  - i. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government negligently supervised Paul Wenzlawsh PA.
  - j. The Veterans Administration, Michael Debakey Medical Center, VA Administrator, VA Secretary and the United States government's 'gross negligence, as described above, caused Ms. Hale's torn rotator cuffs, muscle injuries, spinal deformity, muscle weakness, nerve damage, calcified tendons and calcified muscles, frozen shoulder and other injuries. Further, the Veterans Administration caused Ms. Hale's pain and suffering, and emotional distress.
21. Based on the foregoing Ms. Hale has demonstrated that (1) Dr. Ma, (2) unidentified x-ray student (3) unidentified female x-ray instructor (4) Mr. Wenzlawsh, (5) the United States, (6) the VA Hospital, (7) VA Secretary (8) VA Administrator for the MDMC had a duty to Ms. Hale that was breached by failing to use reasonable care;
22. Ms. Hale was injured by the actions of these federal and government employees or contracted employees acting within the scope of their official duties of the United States and the VA hospital at the time of the injuries;

23. Dr. Ma and Mr. Wenzlawsh acted with negligence, gross negligence and reckless disregard;
24. the United States and the VA Hospital was negligent, grossly negligent and acted wrongfully;
25. The grossly negligent, wrongful acts of the United States, the VA Hospital and their employees, agents and/or contractors acting under and/or within their official capacity and/or utilizing government premises, equipment, and acting with the express permission of the United States, The VA Hospital and VA employees and/or VA and/or government policies, rules and regulations were negligent, grossly negligent and acted with reckless disregard and were the proximate cause of Ms. Hale's injuries;
26. Ms. Hale files suit in federal court (which has appropriate jurisdiction) in accordance with the Federal Tort Claims Act, title 28 United States Code;
27. Upon information and belief Ms. Hale may have further recourse under other federal and state laws in conjunction with federal laws and regulations;
28. Ms. Hale seeks economic, non-economic, emotional, pain and suffering, future and punitive damages in the amount of \$500,000 (five hundred thousand dollars) against each of the defendants individually and in their official capacity;

WHEREFORE, premises considered, the above defendants should be in all things held responsible individually and in their official capacity for the damages to plaintiff.

So stated this 16th day of January 2017.

  
Sandra G. Hale, Pro Se, In Forma Pauperis  
2318 Autumn Springs Lane  
Spring TX 77373  
Phone 281-203-8752  
[sandraindayton@yahoo.com](mailto:sandraindayton@yahoo.com)

List of Defendants and/or Representatives with last known addresses:

Christopher R. Sandles, Interim Medical Center  
Director of Michael DeBakey Medical Center  
2002 Holcombe Blvd.  
Houston, TX 77030

Kenneth Magidson  
U. S. Atty. for the Southern District of Texas  
1000 Louisiana, Suite 2300  
Houston, Texas 77002

Robert Mc Donald, Secretary of Veteran Affairs,  
c/o Department of Veteran Affairs  
Chief Counsel Continental District - West  
155 Van Gordon Street  
Lakewood, Colorado 80228

Dr. John Ma, M.D. and Paul Wenzlawsh, P.A.  
c/o Tomball VA Outpatient Clinic  
1200 West Main St,  
Tomball, TX 77375



**Exhibit A***VA Radiology Reports*

<b>Source:</b> VA
<b>Last Updated:</b> 16 Feb 2015 @ 1143
<b>Sorted By:</b> Date/Time Exam Performed (Descending)
VA Radiology Reports are available 3 calendar days after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any questions about your information please visit the FAQs or contact the provider who ordered the study or your primary care provider.

<b>Procedure/Test Name:</b> US EXAM, EXTREMITY, NONVASCULAR
<b>Date/Time Exam Performed:</b> 10 Feb 2015 @ 1331
<b>Ordering Location:</b> MICHAEL E. DEBAKEY VA MEDICAL CENTER
<b>Requesting Provider:</b> DWIVEDI,AJIT
<b>Reason for Study:</b> left shoulder pain,eval rotator cuff
<b>Performing Location:</b> MICHAEL E. DEBAKEY VA MEDICAL CENTER 2002 HOLCOMBE BOULEVARD, HOUSTON 77030
<b>Clinical History:</b> left shoulder pain, eval rotator cuff, declines MRI
<b>Radiologist:</b> ATHAR,MOHAMMAD

**Report:**

**ULTRASOUND EXAMINATION OF THE LEFT SHOULDER:**

The tendon for the long head of the biceps muscle is in satisfactory position. There is no subluxation of the tendon at internal and external rotation of the shoulder.

The coracohumeral ligament is intact.

The infraspinatus and teres minor tendons are intact.

There is an area of abnormal decreased echogenicity at the anterior and mid part of the supraspinatus tendon, located approximately 1 cm medial to the site of insertion. This occupies the entire thickness of the tendon. The appearance is consistent with a full-thickness tear. The abnormality measures approximately 1.3 cm in AP projection.

The torn part of the tendon is slightly retracted medially.

There is moderate heterogeneity of the lateral part of the subscapularis tendon as well the slight swelling of the tendon. Possibility of a small full-thickness tear in this area is also suspected.

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There is slightly increased amount of fluid in the subdeltoid bursa.

**Impression:**

Moderate size full-thickness tear is demonstrated at the anterior and mid part of the supraspinatus tendon. Possibility of a small full-thickness tear at the lateral part of the subscapularis tendon is also suspected.

**Exhibit B**

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LVM  
Signed: 03/04/2015 14:13

Date/Time:	04 Mar 2015 @ 1308
Note Title:	ORTHOPEDIC SURGERY NOTE
Location:	Michael E. DeBekey VAMC
Signed By:	WENZLAWSH, PAUL D
Co-signed By:	WENZLAWSH, PAUL D
Date/Time Signed:	06 Mar 2015 @ 0911

Note

LOCAL TITLE: ORTHOPEDIC SURGERY NOTE  
 STANDARD TITLE: ORTHOPEDIC SURGERY NOTE  
 DATE OF NOTE: MAR 04, 2015 @ 13:08 ENTRY DATE: MAR 04, 2015 @ 13:08 00  
 AUTHOR: WENZLAWSH, PAUL D EXP CO-SIGNER:  
 URGENCY: STATUS: COMPLETED

TOMBALL ORTHOPEDIC CLINIC - NEW PATIENT NOTE

SUBJECTIVE: 61 yo FEMALE presents today with her adult daughter from her primary team for:  
 Chronic Left shoulder pain,

This Pt was seen previously in TOPC X-Ray 9/2014 at request of X-Ray tech 2/2 c/o of pain that was not supported by films, she asked for a sling because she thought there was internal derangement, she was strongly advised NOT to sling the arm as adhesions would develop, and to see this provider in clinic if conservative efforts fail to improve pain control,

Today, the Pt entered the exam room stating she had a "completely torn (supraspinatus)" and some other muscle name this provider has never heard of. Says pain diffusely covers her entire shoulder and spans up to and includes the L side and posterior of her neck. Reports it starting when she was given sandbags to hold for shoulder films at MEDVAMC, when asked why she was getting shoulder films if her pain STARTED at that point, she replied for a "comp", and did not elaborate further. This is reported to have occurred 9/2014. She reports since then she has not been able to abduct her L shoulder. She denies any prior intervention to L shoulder or C-Spine. Also reports generalized weakness of shoulder in addition to describing considerable radicular symptoms. She acknowledges being Dx with Fibromyalgia, but is not on Tx at this time. When asked what she is currently taking for the pain she is being seen for, she refused to answer. She reports past use of NSAIDs and analgesics and creams and heat an ice w/o efficacy, the [] of NSAIDs was not maximum,

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- ARTHRITIS PAIN. TAKE WITH FOOD.
- 14) MOISTURIZING LOTION APPLY MODERATE AMOUNT TO THE SKIN. ACTIVE  
TWICE A DAY FOR DRY SKIN
- 15) MUPIROCIN 2% OINT APPLY SMALL AMOUNT TO THE SKIN. ACTIVE (S)  
THREE TIMES A DAY FOR FOLLICULITIS
- 16) NYSTATIN ORAL SUSP 100,000 U/ML SHAKE WELL AND TAKE. ACTIVE  
SWISH AND SWALLOW 1 TEASPOONFUL BY MOUTH FOUR TIMES  
A DAY AS NEEDED FOR FUNGAL INFECTION
- 17) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH. ACTIVE  
TWICE A DAY FOR STOMACH. \*DO NOT CRUSH\*
- 18) SENNOSIDES 8.6MG TAB TAKE ONE TABLET BY MOUTH FOUR. ACTIVE (S)  
TIMES A DAY AS NEEDED AS A LAXATIVE (SAME AS SENNA  
187 MG)
- 19) SODIUM CHLORIDE 0.65% SOLN NASAL SPRAY SPRAY 2 SPRAYS. ACTIVE (S)  
IN IN EACH NOSTRIL EVERY 6 HOURS AS NEEDED TO  
CLEANSE AND MOISTEN NASAL MEMBRANES.

## OBJECTIVE:

Most recent measured height: 54 in [162.6 cm] (02/04/2015 12:41),  
weight: 153 lb [69.5 kg] (02/04/2015 12:41).

Elderly, over-nourished, CF ambulates with cane on R w/o gross gait  
abnormality.

Respiration regular throughout visit.

RIGHT SHOULDER: exam performed fully clothed but there was no gross deformity to  
shoulder or AC palpated through clothing

There was TTP expressed when examiners had was placed to stabilize scapula w/w  
firm pressure.

Pt expressed severe pain with any passive shoulder movement >15 from  
anatomic.

She also expressed severe pain with any resisted movement and strength was 4/5.

Most recent imaging:

SHOULDER 2 OR MORE VIEWS, LEFT (RAD Detailed) CPT:73030

Proc Modifiers : LEFT, ORTHOPEDIC PROTOCOL

Reason for Study: left shoulder pain

## Clinical History:

left shoulder pain

Report Status: Verified

Date Reported: SEP 16, 2014

Date Verified: SEP 16, 2014

Verifier E-Sig:

## Report:

Exam: Left shoulder multiple views

Compensation: none

## Findings:

The bones are well-aligned. No acute fracture, subluxation or

## Exhibit C

5/19/2015

Roundcube Webmail: Re: Sandra Hale ultrasound results

**Subject:** Re: Sandra Hale ultrasound results  
**From:** <mandy@nwspinejoint.com>  
**To:** <sandraindayton@yahoo.com>  
**Date:** 2015-05-08 11:57



Mrs. Hale-

Dr. Wu has reviewed your ultrasound report. It does appear that you have a large full-thickness tear of your rotator cuff as well as a frozen shoulder. This is a quite extensive case that will most likely require a staged surgical procedure and extensive physical therapy. Dr. Wu feels that because of this you need to be treated by a shoulder specialist. You need to be treated by a physician that deals with this and only this.

The doctors that we would suggest are  
Gary Gartsman @ Fondren Orthopedic 713 799 2300

or Robert Fullick @ UT 713 500 6164

We are happy to assist you in getting an appointment. I can also have the xrays that you had done in our office put onto a disk for you.

Thank you,  
Mandy  
Dr. Eileen Wu's office

On 2015-05-07 13:58, Sandra Hale wrote:

Mandy,

Attached please find a copy of the ultrasound results requested by Dr. Wu. It is the very last document at the bottom of this file. The rest is other useful medical information, and emails between me and the VA doctors fighting to get someone to diagnose my frozen shoulder.

Please let me know if you need anything else.

Thanks,

Sandy Hale



**Exhibit D**

10/12/2015 2:18:28 PM Total Health Page 3 of 3



**Houston Northwest Medical Center**  
 710 Cypress Creek Parkway Houston, TX 77090-3402  
 Diagnostic Imaging Department  
 Phone (281) 440-2300 Fax (281) 440-2877

Patient Name: HALE, SANDRA

Encounter Type: 2 - Outpatient

DOB/Age/Sex: 7/23/1953 62 years Female

Location: HNM - PF

MRN: 10115368

Acct #: 204141384

**Diagnostic Radiology**Accession #:  
358-XR-15-063543Exam Date/Time  
10/12/2015 13:21 CDTProcedure:  
XR Chest 2 ViewsOrdering Physician:  
XELLER MD, CHARLES F**Report**

CHEST 2 VIEWS:

COMPARISON: None

CLINICAL HISTORY: Shortness of breath

**FINDINGS:** The lung fields are without infiltrate, pleural effusion, or pneumothorax. Heart size is within normal limits. Levoscoliosis of the thoracolumbar spine suspected

**IMPRESSION:** No acute findings identified**\*\*\*Final Report\*\*\***

Dictated: 10/12/2015 1:31

Dictated By: NGUYEN MD, HAI N

Electronic Signature: 10/12/2015 1:28 pm Signed By: NGUYEN MD, HAI N

Transcribed: 10/12/2015 1:31 pm

Admitting: XELLER MD, CHARLES F  
 Consulting:

Report Request ID: 79110700  
 Printed: 10/12/2015 14:11  
 CDT

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## Exhibit E

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### *VA Radiology Reports*

Source: VA
Last Updated: 09 May 2016 @ 2012
Sorted By: Date/Time Exam Performed (Descending)
VA Radiology Reports are available 3 calendar days after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any questions about your information please visit the FAQs or contact the provider who ordered the study or your primary care provider.

Procedure/Test Name: PRINT CD COPY
Date/Time Exam Performed: 05 May 2016 @ 0710
Ordering Location: HOUSTON TX VAMC
Requesting Provider: VIJ, MEENA S
Reason for Study: --
Performing Location: HOUSTON TX VAMC 2002 HOLCOMBE BOULEVARD, HOUSTON 77030
Clinical History: The pateint is requesting cd copy of all images. GC
Radiologist: --
<b>Report</b>
Report: --
Impression: --

Procedure/Test Name: US EXTREMITY UPPER B-SCAN &/OR REAL TIME W/IMAGING
Date/Time Exam Performed: 03 May 2016 @ 1238
Ordering Location: HOUSTON TX VAMC
Requesting Provider: NAIR, JAYALAKSHMI
Reason for Study: Worsening RIGHT shoulder pain
Performing Location: HOUSTON TX VAMC 2002 HOLCOMBE BOULEVARD, HOUSTON 77030
Clinical History: Worsening RIGHT shoulder pain US per veteran request
Radiologist: ATHAR, MOHAMMAD
<b>Report</b>
Report: ULTRASOUND EXAMINATION OF THE RIGHT SHOULDER:  The tendon for the long head of the biceps muscle is slightly medial in location. At the internal rotation, the tendon is located medial to the bicipital groove. The appearance is

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consistent with subluxation of the tendon.

The coracohumeral ligament is intact.

The subscapularis, infraspinatus and teres minor tendons are intact.

There is moderate heterogeneity of the supraspinatus tendon at the anterior and mid part of the tendon. The appearance is consistent with minimal/moderate degenerative change. There is a small focal area of abnormal decreased echogenicity at the lateral part of the tendon, slightly medial to the site of insertion, measuring about 4 mm in size.

This is limited to the articular surface. The appearance is consistent with a small partial-thickness tear. There is no evidence of any full-thickness tear.

No other significant abnormality is demonstrated.

Impression:

There is minimal medial subluxation of the tendon for the long head of the biceps muscle.

Minimal/moderate heterogeneity of the anterior and mid part of the supraspinatus tendon is demonstrated, consistent with degenerative change in the tendon. There is a small partial-thickness articular surface tear at the anterior part of the supraspinatus tendon, adjacent to the site of insertion.

Procedure/Test Name:	US EXTREMITY UPPER B-SCAN &/OR REAL TIME W/IMAGING
Date/Time Exam Performed:	03 May 2016 @ 1238
Ordering Location:	HOUSTON TX VAMC
Requesting Provider:	NAIR, JAYALAKSHMI
Reason for Study:	worsening LEFT elbow pain
Performing Location:	HOUSTON TX VAMC 2002 HOLCOMBE BOULEVARD, HOUSTON 77030
Clinical History:	Worsening LEFT elbow pain US per veteran request
Radiologist:	ATHAR, MOHAMMAD
Report	
Report:	ULTRASOUND EXAMINATION OF THE LEFT ELBOW:

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## Impression:

The examination was done for evaluation of the palpable lump at the medial part of the elbow joint, anteriorly.

No true mass is demonstrated in this area.

There is a small focal area of increased echogenicity at the distal part of the biceps muscle, measuring about 6 mm in size.

This may be secondary to minimal scarring and related to old injury. No other significant abnormality is demonstrated.

**Procedure/Test Name:** US EXTREMITY UPPER B-SCAN &/OR REAL TIME W/IMAGING

**Date/Time Exam Performed:** 03 May 2016 @ 1238

**Ordering Location:** HOUSTON TX VAMC

**Requesting Provider:** NAIR, JAYALAKSHMI

**Reason for Study:** worsening LEFT shoulder pain

**Performing Location:** HOUSTON TX VAMC 2002 HOLCOMBE BOULEVARD, HOUSTON 77030

**Clinical History:**

worsening LEFT shoulder pain US per veteran request

**Radiologist:** ATHAR, MOHAMMAD

**Report****Report:****ULTRASOUND EXAMINATION OF THE LEFT SHOULDER:**

The tendon for the long head of the biceps muscle is slightly lateral in location. The tendon is located minimally lateral to the bicipital groove at internal rotation of the shoulder. The appearance consistent with minimal subluxation of the tendon.

The coracohumeral ligament is intact.

There is a small focal area of abnormal decreased echogenicity at the lateral part of the subscapularis tendon, consistent with a small full-thickness tear.

The infraspinatus and teres minor tendons are intact.

There is an area of abnormal decreased echogenicity at the anterior and mid part of the supraspinatus tendon, located approximately 1.5 cm medial to the site of insertion. This occupies the entire thickness of the tendon. The appearance is consistent with a full-thickness tear. The abnormality measures approximately 1.2 cm in AP projection.

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The torn part of the tendon is slightly retracted medially. This area is superimposed by the overlying acromion process, therefore the medial edge of the retracted tendon is not well demonstrated.

Several small calcific densities are also demonstrated within the supraspinatus tendon, anteriorly. The appearance is consistent with calcific tendinitis.

There is slightly increased amount of fluid in the subdeltoid bursa.

Minimal irregularity of the articular surface of the humeral head is noted, anteriorly and antero-laterally. The appearance is consistent with underlying degenerative changes.

Impression:

Moderate size full-thickness tear is demonstrated at the anterior and mid part of the supraspinatus tendon. There is a small tear at the lateral part of the subscapularis tendon. Minimal subluxation of the tendon of the long head of the biceps muscle is also demonstrated.

Procedure/Test Name:	ABDOMEN-KUB
Date/Time Exam Performed:	25 Apr 2016 @ 1048
Ordering Location:	HOUSTON TX VAMC
Requesting Provider:	NAIR,JAYALAKSHMI
Reason for Study:	rule out kidney stones
Performing Location:	HOUSTON TX VAMC 2002 HOLCOMBE BOULEVARD, HOUSTON 77030
Clinical History:	
Radiologist:	BITAR,JOAN H
Report	
Report:	
Abdomen, supine and upright:	
Comparison 01/07/2014. Triangular shaped calcification right abdomen up to 7 mm diameter, compatible with right renal stone as seen on prior exam. No new calcifications seen. Few small phleboliths in the pelvis. Unremarkable bowel gas pattern.	
Impression:	
Stable small stone in region of right kidney. No new or acute	



**Exhibit F**

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MARGOT B RODRIGUEZ, MARGOT B. RODRIGUEZ, M.D.  
(Verifier, no e-sig)

/mbr

/es/ DEANNA DAVENPORT

RN

Signed: 09/17/2014 08:38

Date/Time: 15 Sep 2014 @ 1209

Note Title: CBOC PRIMARY CARE UNSCHEDULED

Location: Michael E. DeBakey VAMC

Signed By: MAJOHN

Co-signed By: MAJOHN

Date/Time Signed: 16 Sep 2014 @ 2223

**Note**

LOCAL TITLE: CBOC PRIMARY CARE UNSCHEDULED

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: SEP 15, 2014@12:09 ENTRY DATE: SEP 15, 2014@12:09:08

AUTHOR: MAJOHN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

SHF - Health Factor Select (max 1 occurrence or 1 year)

LEARNER ASSESSMENT

LEARNER SURVEY COMPLETED 02/19/2014

Patient's Preferred Language for discussing healthcare is  
English

09/15/14 10:35

SANDRA GAIL HALE

267-06-7562

2318 AUTUMN SPRINGS LN

SPRING, TEXAS 77373

(281)203-8752

JUL 23,1953; AGE: 61

CHIEF COMPLAINT: 61 year old WHITE FEMALE  
here for walk in acute visit.

HISTORY of PRESENT ILLNESS: 61 year old WHITE FEMALE

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The patient is here for walk in acute visit.

Presents to clinic as walk-in with c/o sharp, shooting shoulder pain. States unable to lift or move shoulder x 1 month. Pain 10/10.

Pt had gone to VA for shoulder xrays about 1 month ago. Was given sand bag to hold for one of the views. Pt states that sand bag caused her to strain shoulder

and neck. Pain gradually worsened. She has limited ROM of left shoulder and improved. Pt came here to clinic for evaluation.

Pt also needs paperwork signed for the power company. Pt states because of her Raynaud's syndrome and fibromyalgia she has problems with extreme sensitivity to temperature changes and needs to be put on list for restarting power in an emergency.

Pt also inquiring about being outsourced for her care. She states she is concerned regarding her care in the VA and would like to be outsourced.

#### ACTIVE PROBLEMS:

Pain in throat (SCT 162397003) - Throat pain (ICD-  
Diverticulosis, Colonic (ICD-9-CM 562.10)  
Peripheral sensory neuropathy (ICD-9-CM 356.2)  
Hypertension (ICD-9-CM 401.9)  
Constipation, unspecified (ICD-9-CM 564.00)  
Allergies (ICD-9-CM 995.3)  
Asthma, unspecified (ICD-9-CM 493.90)  
Low Back Pain (ICD-9-CM 724.2)  
Thyroiditis, Autoimmune (ICD-9-CM 245.2)  
Raynaud's Disease (ICD-9-CM 443.0)  
Migraines (ICD-9-CM 346.90)  
Fibromyalgia (ICD-9-CM 729.1)  
OTHER GENERAL MEDICAL EXAMINATION FOR ADMINISTRATIVE  
Chronic sinusitis (ICD-9-CM 473.9)  
Unspecified disorder of ear (ICD-9-CM 388.9)  
Shoulder Pain (ICD-9-CM 719.41)  
Cervicalgia (ICD-9-CM 723.1)  
Migraine, unspecified, without mention of Intracranial  
Scalp Dermatoses (ICD-9-CM 709.9)

#### REVIEW OF SYSTEMS:

CARDIAC: Denies any angina, palpitations, orthopnea, PND, or pedal edema.  
RESPIRATORY: Denies SOB, DOE, wheezing, cough, or hemoptysis.  
GASTROINTESTINAL: Denies anorexia, jaundice, persistent nausea, vomiting, diarrhea, constipation, change in bowel habits or abdominal pain. No